FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036862 (9)

GROVE DEVELOPMENT CORPORATION

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								•		I FORMION IN INTERIOR WINE MONTH			
5455 S.W. EIGHTH STREET P.O. BOX 330044													
STE. 205 COCONUT GROVE FL 33							:33						
MIAMI FL 33134										DO NOT WRI		SPACE	
										3. Date Incorporated or Qualified	j		
			· · · · · · · · · · · · · · · · · ·							05/18/1993			
2. Principal Place of Business					2a. Mailing Address				1	4. FEI Number		- + -	oplied For
21 Suite And H ate					26					<u>65-04 18 163</u>			ot Applicable
Suite, Apt. #, etc.				-	Suite, Apt. #, etc.				İ	5. Certificate of Status Desired		\$8.75	
22					City & State								equired
City & State					City & State					6. Election Campaign Financing	П	\$5.00	
23	Zip	Country			Zip Country				-+	Trust Fund Contribution		Added	
24	- (P	ł	25	29	£ 112	30	301 II. y			 This corporation owes or has personal Property Tax due Jui 		– · –	angible No
24			and Address of C		tered Agent	[30]	-T			10. Name and Address of New F			-3 140
				-			81	Name					
MARTINI, GREGORY T 2655 LEJEUNE ROAD							82						
STE. 1101								Street A	\dclres:	s (P.O. Box Number is Not Accept	able)		
CORAL GABLES FL										· · · · · · · · · · · · · · · · · · ·			
CONTAC GABLEOTE													
							84	City			FL	85 Zip (Code
11.	Pursuant to the	he provisi	ions of Sections 60	7 0502 and 6	07 1508 Florida	Statutes the	above	a-named d	COLDOL	ation submits this statement for the		changing it	s registered
	office or regis	atered au	ent, or both, in the th, and accept the	State of Flori	da. Such changi	e was authoria	ed by	the corp	oration	's board of directors. I hereby acc	ept the app	ointment as	registered
		armiar w	т, авсгассерстве	obligations o	i, aection 607.0	ous, ribrida s	aiutes	S.					
SIG	NATURE	Milite lyped	or printed name of registe	when reinstating)	DATE								
12.				S AND DIRE		113				ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE		D			☐ DELI	TE 1.1	TITLE	Т				Change	Addition
NAM	NAME BOLOOKI, HAMID				1.2 N								
STREET ADDRESS 5455 S.W. EIGHTH STR				eet ste. 2	05	1.3	STREET	ADORESS					l.
CITY-ST-ZIP MIAMI FL 33134				1,4 (1.4 CITY-ST-ZIP					ļ.	
TITLE					☐ DEL	TE 2.1	TITLE		`			Change	Addition
NAM	E					2.2	NAME						İ
STRE	ET ADDRESS					2.3	STREET	ADDRESS					İ
ÇITY	-ST-ZIP					2.	CITY-S	ST - ZIP					-
TITLE					☐ DELE		TITLE					Change	Addition
NAM						3.2	NAME						
STRE	ET ADDRESS					3.3	STREET	ADDRESS					
CITY	-ST-ZIP					3.4	CITY-S	ST-ZIP					
TITLE					☐ DELE	TE 4.1	TITLE					Change	☐ Addition
NAM	.					4. ;	NAME						
STRE	ET ADDRESS					4.3	STREET	ADDRESS					1
CITY	-ST-ZIP						CITY-S	T-ZIP					
TITLE					DELE	TE 5.1	TITLE					Change	☐ Addition
NAM	:					5.2	NAME	İ					
STRE	ET ADDRESS					5.3	STREET	ADORESS					
CITY	-ST-ZIP						CITY-S	T-ZIP					
TITLE					☐ DELE	TE 6.1	TITLE	T				Change	Addition
NAM	E					6.2	NAME	1					
STRE	ET ADDRESS					6.3	STREET	ADDRESS					
	-ST-ZIP	-					CITY-S						
14	I hereby certi	h that the	a information supp	and with this	filing does not a	relify for the c	vemn	tion etator	d in Sa	ction 119 07(3)(i) Florida Statutes	Liturther of	etitu that the	information

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

164

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